LABOR STANDARDS INTERVIEW

FORM APPROVED OMB NUMBER

9000-0089

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000–0089), Washington, DC 20503. CONTRACT NUMBER EMPLOYEE'S NAME (Last, First, M.I.) NAME OF PRIME CONTRACTOR EMPLOYEE'S ADDRESS (Street, City, State, ZIP Code) NAME OF EMPLOYER WORK CLASSIFICATION WAGE RATE SUPERVISOR'S NAME (Last, First, M.I.) (Check Below) NO DO YOU WORK OVER 8 HOURS PER DAY? DO YOU WORK OVER 40 HOURS PER WEEK? ARE YOU PAID AT LEAST TIME AND A HALF FOR OVERTIME HOURS? ARE YOU RECEIVING ANY CASH PAYMENTS FOR FRINGE BENEFITS REQUIRED BY THE POSTED WAGE DETERMINATION DECISION? WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY? HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW? HOURS WHAT DATE (YYMMDD) WAS THAT? WHAT TOOLS DO YOU USE? WHEN DID YOU BEGIN WORK ON THIS PROJECT (YYMMDD)? I HAVE READ THE ABOVE AND CERTIFY IT TO BE CORRECT TO THE BEST OF MY KNOWLEDGE. EMPLOYEE'S SIGNATURE DATE (YYMMDD) INTERVIEWER'S SIGNATURE DATE (YYMMOD) INTERVIEWER'S COMMENTS WORK EMPLOYEE WAS DOING WHEN INTERVIEWED IS EMPLOYEE PROPERLY CLASSIFIED AND PAID? (If additional space is needed, use comments section) ARE WAGE RATES AND POSTERS DISPLAYED? YES FOR USE BY PAYROLL CHECKER IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA? COMMENTS DATE OF CHECK NAME OF CHECKER (Last, First, M.I.) JOB TITLE SIGNATURE

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